

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

(dollars in millions)

	2000 <u>Actual</u>	2001 <u>Enacted</u>	2002 <u>Request</u>	Request <u>+/-Enacted</u>
Program Level.....	\$2,651	\$2,957	\$3,058	+\$101
FTE.....	611	632	632	0

SUMMARY

The FY 2002 budget request for the Substance Abuse and Mental Health Services Administration (SAMHSA) is \$3 billion, a net increase of \$101 million or 3.4 percent, over the FY 2001 enacted level. The SAMHSA budget focuses on enhancing substance abuse treatment services, narrowing the substance abuse treatment gap, increasing data collection activities and maintaining mental health services.

SAMHSA's mission is to improve the quality and availability of prevention, early intervention, treatment and rehabilitation services in order to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illness. SAMHSA accomplishes its mission through its Centers: Mental Health Services (CMHS), Substance Abuse Treatment (CSAT), and Substance Abuse Prevention (CSAP).

REDUCING THE DRUG TREATMENT GAP

In an effort to reduce the treatment gap, \$100 million has been included to fund the President's drug treatment initiative. In total, SAMHSA's budget proposes \$2.2 billion for substance abuse treatment and prevention activities. These additional

funds will allow States and local communities to provide treatment services to approximately 437,000 individuals, an increase of 17,000 over FY 2001.

The 1999 National Household Survey on Drug Abuse estimates that 14.8 million Americans used an illicit drug in the past month. Further, 10.9 percent of youth aged

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12-17 reported illicit drug use in the past month. An estimated 2.3 million persons used marijuana for the first time in 1998. This translates to approximately 6,400 new marijuana users per

day, of which more than two-thirds were under 18 years of age. Among the 471,000 first-time users of heroin, a quarter were under age 18 and another 47 percent were age 18-25.

Nationwide, there continues to be a great need to expand the capacity to treat individuals who use and are addicted to illegal drugs. The drug treatment gap revolves around three issues: accessibility, affordability, and availability. The Office of National Drug Control Policy (ONDCP)

estimates that as many as 5 million Americans are in need of substance abuse treatment services. However, fewer than half actually receive services, leaving a treatment gap of 2.9 million individuals.

Illicit drug use impacts on more than the individual user. ONDCP estimates the cost to society to be approximately \$110 billion each year. The \$100 million budget initiative provides increases for the Substance Abuse Block Grant (SABG) and the Targeted Capacity Expansion Program.

A total of \$1.7 billion is requested for the SABG, an increase of \$60 million over FY 2001. The SABG is the cornerstone of States' substance abuse programs, and provides support for over 10,500 community-based treatment and prevention organizations.

The request also provides \$201 million for the Targeted Capacity Expansion Program (TCE) within the Programs of Regional and National Significance, an increase of \$40 million or 25 percent above the FY 2001 enacted level. The increase will support an additional 80 grants for a total of 380 grants to be made available through TCE. Among the additional grants, \$8 million is included for competitive grants to provide residential treatment programs for teenagers with substance abuse problems, and \$6 million is included to provide treatment services to teens in an outpatient setting. TCE grants are designed to support rapid strategic response to emerging trends, (e.g., ecstasy and methamphetamine).

Data Collection: SAMHSA engages in an extensive national data collection effort to evaluate both the prevalence of these conditions and the effectiveness of its programs at treating or preventing them.

SAMHSA has three main surveys which serve as the major source of information to Federal and State officials in their efforts to fight substance abuse. The surveys are: the National Household Survey on Drug Abuse (NHSDA); the Drug Abuse Warning Network (DAWN); and the Drug and

Alcohol Services Information System (DASIS). The budget supports the surveys at approximately \$76.8 million, an increase of \$17 million.

The NHSDA is currently the only national source of information on substance abuse problems and treatment in the general public. For the NHSDA there were approximately 70,000 people surveyed. The data is used to study trends and attitudes in the use of both legal and illicit substances. The survey is also an invaluable and unique source of information for studying the causes of substance abuse, the demand for treatment, and the effectiveness of service programs. The NHSDA was recently expanded to produce State level estimates on an annual basis. The expanded survey will allow comparisons between States on the prevalence of substance abuse.

DAWN is the Nation's data system that collects data on drug-related visits to hospital emergency departments and drug related deaths. The most recent survey showed that there were approximately 554,932 drug-related emergency room visits in the U.S. The goal of DAWN is to provide data to enhance the study of the health consequences of substance abuse and the impact of drug use on the Nation's health care system.

DASIS provides a comprehensive national data set on substance abuse treatment facilities, clients and treatment admissions. Currently there are 13,455 treatment facilities in the U.S. which serve over one million clients.

MENTAL HEALTH

The budget includes \$766 million, a decrease of \$16 million for mental health activities. Highlights within the total are: \$420 million for the Mental Health Block Grant for States to provide community-based care for adults with serious mental illness and children with serious emotional

disturbances; \$90 million to address violence in our children's schools; and \$7 million for a program to treat mental health disorders related to HIV/AIDS. Of the \$16 million reduction, \$11 million is the result of one-time projects funded in

FY 2001 and \$5 million from the completion of projects that provide greater knowledge about the provision of mental health services.

SAMHSA OVERVIEW

(dollars in millions)

	<u>2000</u> <u>Actual</u>	<u>2001</u> <u>Enacted</u>	<u>2002</u> <u>Request</u>	<u>Request</u> <u>+/-Enacted</u>
Substance Abuse:				
Substance Abuse Block Grant.....	\$1,600	\$1,665	\$1,725	+\$60
<i>Programs of Regional and</i>				
<i>National Significance:</i>				
Treatment.....	214	256	296	+40
Prevention.....	147	175	175	0
National Data Collection Activities.....	<u>0</u>	<u>12</u>	<u>29</u>	<u>+17</u>
Subtotal, Substance Abuse	\$1,961	\$2,108	\$2,225	+\$117
Mental Health:				
Mental Health Block Grant.....	\$356	\$420	\$420	0
Path Homeless Formula Grant.....	31	37	37	0
<i>Programs of Regional and</i>				
<i>National Significance.....</i>	136	203	187	-16
Children's Mental Health Services.....	83	92	92	0
Protection and Advocacy.....	<u>25</u>	<u>30</u>	<u>30</u>	<u>0</u>
Subtotal, Mental Health	\$631	\$782	\$766	-\$16
Program Management.....	<u>59</u>	<u>67</u>	<u>67</u>	<u>0</u>
Total, Program Level.....	\$2,651	\$2,957	\$3,058	+\$101
Less Funds Allocated from Other Sources:				
PHS Evaluation Funds.....	<u>0</u>	<u>0</u>	<u>-29</u>	<u>-29</u>
Total, Discetionary BA.....	\$2,651	\$2,957	\$3,029	+\$72
FTE.....	611	632	632	0